

INTERAGENCY AGREEMENT
BETWEEN THE
IOWA DEPARTMENT OF HUMAN SERVICES
AND
IOWA DEPARTMENT OF PUBLIC HEALTH
FAMILY & COMMUNITY HEALTH DIVISION

July 1, 1999

through

June 30, 2000

TN No. MS- 99-23
Supersedes TN No. MS-98-34

Approved DEC 23 1999
Effective

JUL 01 1999

IOWA DEPARTMENT OF HUMAN SERVICES
Division of Medical Services
and
IOWA DEPARTMENT OF PUBLIC HEALTH
Family & Community Health Division

EPSDT Program

Contract Number 62
Year End Date: June 30, 2000

Memorandum of Agreement

This Agreement is entered into this first day of July 1999 by and between the Iowa Department of Human Services and the Iowa Department of Public Health, Division of Family and Community Health, Family Services/MCH Bureau.

The period of the Agreement shall be from July 1, 1999 to June 30, 2000.

Statement of Purpose:

To coordinate administration of the Early Periodic Screening, Diagnosis and Treatment. Program hereafter referred to as EPSDT, in order to:

1. Develop and maintain local capability for conducting screening examinations required under the EPSDT program.
2. Increase program efficiency and effectiveness by assuring that needed services are provided timely and efficiently.
3. Develop and maintain local capability for Maternal and Child Health Services and to provide informing and care coordination to EPSDT clients.
4. Develop a cooperative and collaborative relationship at all levels to prevent duplication of services.

Integrated Document

The following document is incorporated into and made a part of this agreement.

MCH/Title XIX Agreement

EPSDT CONTRACT WITH DEPARTMENT OF HUMAN SERVICES

The Iowa Department of Public Health agrees to-

1. Determine if local agencies requesting to be screening centers meet the recommended standards of medical practice established by the program. Monitor the quality of care provided by existing Child Health Screening Center providers through on-site evaluations and quality assurance activities. Agencies will be reported to DHS that no longer meet the qualifications to be screening centers. It is estimated that this activity will require approximately 30 percent of a full-time position.
2. Provide consultation and technical assistance in communities in assessing local needs for related to EPSDT services. Dental access will be assessed. In areas where barriers to dental access for EPSDT services are identified, strategies for increasing access will be identified and community based strategies will be recommended. It is estimated that this activity will require approximately 120 percent of a full-time position.
3. Implement, provide consultation, technical assistance and training regarding outreach, informing, care coordination and/or screening services for Medicaid eligible infants, children and youth to local providers. Participate in evaluation of effectiveness of the EPSDT outreach and care coordination system. Coordinate distribution of Medicaid recipient

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information necessary for implementation of informing and care coordination services. Outreach is expected to be a central focus due to expanded Medicaid eligibility and HAWK-I implementation. It is estimated that this activity will require approximately 200 percent of a full-time position.

4. Provide consultation to schools investigating participation in EPSDT activities. Conduct pre-service site visits to agencies/schools requesting certification as Child Health Screening Centers to determine if the recommended core components are met. It is estimated that this activity will require approximately a 20 percent full-time position.
5. Continue to provide technical assistance to Child Health Screening Centers conducting cost analyses to determine cost of providing services in order to promote more cost efficient services. It is estimated that this activity will require approximately 5 percent of a full-time position.
6. Provide consultation and technical assistance to communities in assessing local needs for Administrative Medicaid Claiming. It is estimated that this activity will require approximately 4 percent of a full-time position.
7. Coordinate meetings with the Department of Human Services and Prevention for Disability Policy Council and other health care providers to facilitate coordinated efforts to maintain a minimum screening participation rate of 80 percent of Medicaid eligible children. It is estimated that this activity will require approximately a 3 percent full-time position.
8. Provide technical assistance in identifying baseline immunization rates for Medicaid eligible children and recommend strategies for implementing monitoring systems. It is estimated that this activity will require approximately 40 percent of a full-time position.
9. Assist the editor of the EPSDT Care for Kids newsletter in identifying authors for newsletter articles. It is estimated that this activity will require approximately 3 percent of a full time position.
10. Participate in developing a an audit plan for community based EPSDT administrative claiming activities.
11. Provide state matching funds for these EPSDT activities.

	Total	IDPH State Match	DHS	Federal
Nurse Clinician (1 FTE)	\$ 62,686	31,343		31,343
Community Nursing Consultant (2.25 FTE)	131,948	29,232	36,742	65,974
Dental Hygienist (1.0FTE)	50,350			50,350
Clerical Support* (1.5 FTE)	42,660	21,330		21,330
Hourly*	8,000	1,000	3,000	4,000
Travel	5,600	2,800		2,800
Telephone	3,200	1,600		1,600
Office/Printing	11,600	3,800	2,000	5,800
MIS/DP Support	48,000	13,000	12,000	25,000
Community Dental Outreach	50,000	50,000		
Conference registration/ Training	3,000	1,500		1,500
TOTAL	417,004	155,605	53,742	209,697

* Clerical and hourly support staff are in addition to professional IPDH FTE's reflected in the description of work.

The Department of Human Services agrees:

1. To reimburse EPSDT screening centers for the full cost of providing screening, outreach and care coordination.
2. To provide to agencies providing EPSDT outreach and care coordination services a monthly list of names, addresses, and phone number of Medicaid clients so the program staff can explain the benefits of preventive health services available; to meet the federal informing requirement of the Medicaid Program.
3. To provide a vendor number to screening centers upon a notification of their certification from the Department of Public Health and to terminate vendor numbers upon notification that a center is no longer eligible to provide services.
4. IDPH expenditures will be eligible for federal match through the Medicaid Program consistent with HCFA rules.

DHS will claim a federal match for the funds expended and remit this match to IDPH.

General Provisions

This agreement may be amended or modified at any time by mutual agreement between DHS and IDPH.

1. This agreement may be terminated by either party by written notice of intent to terminate sixty days (60) in advance of desired termination date. In the event of such termination, IDPH shall be reimbursed by DHS only for these allowable costs incurred or encumbered prior to the termination date.
2. In the event of unlawful, unauthorized or excess expenditures incurred by IDPH in the performance of this agreement, DHS will terminate the agreement if necessary and IDPH will be liable for these expenditures.
3. The performance by DHS of any of its obligations under the contract shall be subject to and contingent upon the availability of federal and state funds lawfully applicable of such purposes. If DHS deems that funds lawfully applicable to this agreement shall not be available at any time during the agreement term, DHS may issue a termination notice to IDPH at least 90 days prior to the effective date that funds to continue this agreement will no longer be available. The obligations of the parties hereto shall end as of the specified in the termination notice, and the agreement will be considered canceled.

Termination for Unavailability of Funds

In the event of a reduction in the appropriation from the state budget for the Division of Medical Services of DHS or an across the board budget reduction affecting the Division of Medical Services, DHS may either re-negotiate this agreement or terminate with ninety (90) days written notice.

Restrictions on Use of Funds

No Federal Appropriated funds have been paid or will be paid on behalf of the Department or the Contractor to any person for influencing or attempting to influence an officer or employee of any Federal agency, or Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or

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cooperative agreement, the contractor shall complete and submit Standard Form-LLL, "Disclosure Form Report Lobbying," in accordance with its instructions.

NOTE: IF Disclosure Forms are required, please contact: Mr. William Sexton, Deputy Director, Grants and Contracts Management Division, Room 34 IF, HHH Building, 200 Independence Avenue, S.W., Washington, D.C. 20201-0001.

Contact Person

The contact person for this agreement will be Sally Nadolsky of the Bureau of Health Care Purchasing and Quality Management, and M. Jane Borst, Family Services Bureau/MCH.

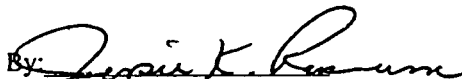
Employment Practices

The contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or disability. The contractor must take affirmative action to ensure that employees, as well as applicants for employment are treated without discriminating because of their race, color, religion, sex, national origin, or disability. Such action shall include, but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting for the provision of this Equal Employment Opportunity (EEO) clause.

The contractor shall, in all solicitations or advertisement for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, or disability except where it relates to a bona fide occupational qualification.

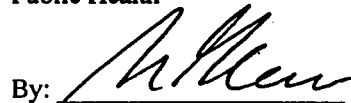
The contractor must comply with all provisions of Executive Order #1 1246, dated September 24, 1965, including amendments as well as the rules, regulations and relevant orders of the Secretary of Labor.

Jessie K. Ramussen
Director
For and on Behalf of the
Iowa Department of
Human Services

By: 

Date: 6-7-99

Stephen C. Gleason, D.O.
Director
For and on Behalf of the
Iowa Department of
Public Health

By: 

Date: 6-17-99

**AMENDMENT TO THE
MEMORANDUM OF AGREEMENT
EPSDT CONTRACT
BETWEEN**

**The Iowa Department of
Public Health
Family and Community Health**

AND

**The Iowa Department of
Human Services
Division of Medial Services**

FOR THE PURPOSE OF: This amendment to the EPSDT contract is to evaluate access to dental services for the children of Iowa and in areas with access problems to identify strategies to increase access to dental care. Community strategies will be designed and recommended. Additionally in areas where access is decreasing community strategies will be recommended to prevent continued decline of access for children's dental services.

Amendment Effective Date:
January 1, 1999

Amendment End Date:
June 30, 1999

WHEREAS, both parties have agreed to an amendment of the Agreement the Agreement is hereby amended as follows:

Page 1

The Iowa Department of Public Health agrees to:

2. Provide consultation and technical assistance in communities in assessing local needs related to EPSDT services. Dental access will be assessed. In areas where dental access for EPSDT services are identified, strategies for increasing access will be identified and community based strategies will be recommended. It is estimated that this activity will require approximately ~~20~~ 120 percent of a full time position.

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The proposed budget for this additional service is as follows:
(ADD TO CURRENT BUDGET)

	Total	IDPH Match	DHS Match	Federal
Personnel Dental Hygienist 1.0 FTE (includes fringe benefits)	24,442	12,221		12,221
Word Processor 0.5 FTE	14,220	7,110		7,110
Travel	3,000	1,500		1,500

Telephone				
Office/Printing	6,000	3,000		3,000
MIS/DP Support				
Conference Registration	1,500	750		750
Training	1,800	900		900
Totals	50,962	25,481	0	25,481

This amendment requires the following authorized signatures in order for it to be effective: (1) the Director of DHS; and (2) the Director of IDPH.

For and on Behalf of the
Iowa Department of Human Services

By: *C.M. Palmer*
Charles M. Palmer
Director of Human Services
12-28-98
Date

For and on Behalf of the
Iowa Department of Public Health

By: *Ch. Atchison*
Christopher G. Atchison
Director of Public Health
1/7/99
Date

**AMENDMENT TO THE
MEMORANDUM OF AGREEMENT
BETWEEN**

The Iowa Dept. of Public Health AND The Iowa Dept. of Human Services

FOR THE PURPOSE OF: Correcting an error in the budget in the interagency agreement.

AMENDMENT EFFECTIVE DATE:
July 1, 1999

AMENDMENT END DATE:
June 30, 2000


Whereas, both parties have agreed to an amendment of the Agreement to correct the budget, the agreement is hereby amended as follows:

Provide state matching funds for these EPSDT activities.

	Total	IDPH State Match	DHS	Federal
Nurse Clinician (1 FTE)	\$ 62,686	31,343		31,343
Community Nursing Consultant (2.25 FTE)	131,948	29,232	36,742	65,974
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MIS/DP Support	48,000	12,000	12,000	24,000
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FOR AND ON BEHALF OF
THE IOWA DEPT. OF
HUMAN SERVICES

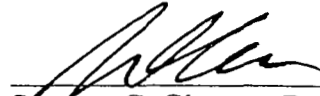


Jessie K. Rassmussen
Director

12-21-99

Date

FOR AND ON BEHALF OF
THE IOWA DEPT OF
PUBLIC HEALTH



Stephen C. Gleason, D.O.
Director

1/16/00

Date